

**TOWN OF RAMAPO**  
237 Route 59  
Suffern, New York 10901  
(845) 357-5100 Fax: (845) 357-0102



Christopher P. St. Lawrence  
Supervisor

Scott Shedler  
Assessor

**REQUEST FOR APPRAISAL REVIEW**

NAME	_____	DATE	_____
ADDRESS	_____	SWIS	_____
	_____	SECTION	_____
PHONE NO.	_____	PLOT	_____

**STATE WHY YOU FEEL YOUR ASSESSMENT IS INCORRECT:**

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\_\_\_\_\_  
SIGNATURE OF APPLICANT

**\*\*\*PLEASE NOTE**

**YOU SHOULD HEAR FROM THIS OFFICE BY THE 1<sup>st</sup> WEEK OF MAY, IF NOT, IT IS YOUR OBLIGATION TO FILE A RP-524 COMPLAINT ON REAL PROPERTY ASSESSMENT APPLICATION AT THE ASSESSORS OFFICE BY THE 4<sup>th</sup> TUESDAY IN MAY, OF ANY GIVEN YEAR.**



**APPLICATION FOR REAL PROPERTY TAX  
EXEMPTION FOR COMMERCIAL, BUSINESS OR INDUSTRIAL PROPERTY**  
(Real Property Tax Law, Section 485-b)

(Instructions for completing this form are contained in Form RP-485-b-Ins)

1. Name and telephone no. of owner(s)

\_\_\_\_\_  
\_\_\_\_\_

2. Mailing address of owner(s)

\_\_\_\_\_  
\_\_\_\_\_

Day No. (\_\_\_\_) \_\_\_\_\_

Evening No. (\_\_\_\_) \_\_\_\_\_

3. Location of property (see instructions)

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Village (if any)

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
School district

Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot \_\_\_\_\_

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4. Description of property for which exemption is sought:

a. \_\_\_\_New construction \_\_\_\_Alteration \_\_\_\_Installation \_\_\_\_Improvement

b. General description of property (if necessary, attach plans or specifications):

c. Type of construction: \_\_\_\_\_

d. Square footage: \_\_\_\_\_

e. Total cost: \_\_\_\_\_

f. Date construction, alteration, installation or improvement was started: \_\_\_\_\_

g. Date completed (attach copy of certificate of occupancy or other documentation of completion):  
\_\_\_\_\_

h. Describe any real property replaced or removed in connection with the new construction, alteration, installation or improvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Use of Property.

- a. Describe the primary use of the property and the type of business to be conducted. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- b. Describe any other use or uses of the property. \_\_\_\_\_
- c. Is any part of the real property used for a purpose other than buying, selling, storing or developing goods or services; the manufacture or assembly of goods or the processing of raw materials; or hotel or motel purposes? \_\_\_\_ Yes \_\_\_\_ No
- d. If yes, describe in detail the other use or uses of the property and state the extent to which the property is so used (e.g., 30% of floor space, 25% of income, etc.).

6. Other exemptions.

- a. Is the property receiving or has it ever received any other exemption from real property taxation?  
 \_\_\_\_ Yes \_\_\_\_ No
- b. If yes, what exemption was received? \_\_\_\_\_ When? \_\_\_\_\_  
 Were payments in lieu of taxes made during the term of that exemption? \_\_\_\_\_  
 If so, attach a schedule showing the amounts and dates of such payments, and the purposes for which such payments were made (i.e., school district, general municipal, etc.). Also attach any related documentation, such as a copy of the agreement under which such payments were made.

**Certification**

I, \_\_\_\_\_, hereby certify that the information on this application and any accompanying pages constitutes a true statement of facts.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**FOR ASSESSOR'S USE**

1. Date application filed: \_\_\_\_\_
2. Applicable taxable status date: \_\_\_\_\_
3. Action on application: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved
4. Assessed valuation of parcel in first year of exemption: \$ \_\_\_\_\_
5. Increase in total assessed valuation in first year of exemption: \$ \_\_\_\_\_
6. Amount of exemption in first year:

	Percent	Amount
County	_____	\$ _____
City/Town	_____	\$ _____
Village	_____	\$ _____
School District	_____	\$ _____

\_\_\_\_\_  
 Assessor's signature

\_\_\_\_\_  
 Date



**THIS APPLICATION MUST  
BE FILED WITH THE TOWN OF  
RAMAPO ASSESSOR ON OR BEFORE  
MARCH 1**

**APPLICATION FOR ALTERNATIVE VETERANS EXEMPTION  
FROM REAL PROPERTY TAXATION**

(General information and instructions for completing this form are contained in Form RP-458-a-Ins)

1. Name and telephone no. of owner(s)

2. Mailing address of owner(s)

Day No. ( ) \_\_\_\_\_

Evening No. ( ) \_\_\_\_\_

3. Location of property (see instructions)

Street address

Village (if any)

City/Town

Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot \_\_\_\_\_

4. Is the owner a veteran who served in the active military, naval or air service of the United States? ☐ Yes ☐ No

If No, indicate the relationship of the owner to veteran who rendered such service: \_\_\_\_\_

If Yes, is the veteran also the unmarried surviving spouse of a veteran? ☐ Yes ☐ No

5. Indicate branch of veterans service and dates of active service: \_\_\_\_\_

(Attach written evidence)

6. Was the veteran discharged or released from the active service under honorable conditions? ☐ Yes ☐ No

(Attach written evidence)

7. Did the veteran serve in a combat zone or combat theater? ☐ Yes ☐ No

If Yes, where did the veteran serve and when was such service performed? \_\_\_\_\_

(Attach written evidence)

8. Has the veteran received, or did the veteran receive prior to his/her death, a compensation rating from the United States Veteran's Administration or from the United States Department of Defense as a result of a service connected disability? ☐ Yes ☐ No

If Yes, what is (was) the veteran's compensation rating? \_\_\_\_\_

(Attach written evidence showing the date such rate was established)

☐ check if rating is permanent?

If No, did the veteran die in service of a service connected disability or in the line of duty while serving during wartime? ☐ Yes ☐ No (Attach written evidence)

9. Is the property the primary residence of the veteran, unmarried surviving spouse of the veteran or Gold Star parent? ☐ Yes ☐ No

If No, is the veteran, unmarried surviving spouse of the veteran or Gold Star parent the owner of the property and absent from the property due to medical reasons or institutionalization? ☐ Yes ☐ No

Explain: \_\_\_\_\_

10. Is the property used exclusively for residential purposes? ☐ Yes ☐ No

If No, describe the non-residential use of this property and state what portion is so used. \_\_\_\_\_

1500

12. Has the owner(s) ever received or is the owner(s) now receiving a veterans exemption based on eligible funds on property in New York State?        Yes        No

If yes, the amount of eligible funds used in the purchase was \$\_\_\_\_\_

The location of the property was or is: \_\_\_\_\_ (same as in question 3) or

Street address: \_\_\_\_\_

Village of \_\_\_\_\_ City/Town of \_\_\_\_\_ School District \_\_\_\_\_

I (we) hereby certify that all statements made on this application are true and correct to the best of my (our) knowledge and belief and I (we) understand that any willful false statement made herein will subject me (us) to the penalties prescribed therefore in the Penal Law.

### ALL OWNERS MUST SIGN APPLICATION

Signature of owner(s)

Date \_\_\_\_\_

Signature of owner(s)

Date \_\_\_\_\_

**SPACE BELOW FOR ASSESSOR'S USE ONLY**

Alternative veterans exemption (RP-458-a)	Assessment	Period of war active service or expeditionary medal recipient (15% or ceiling Max.) approved ___Yes ___No	Combat zone service (including expeditionary medal) (10% or ceiling Max.) approved ___Yes ___No	Service connected disability rating ___(x50% or ceiling Max.) approved ___Yes ___No	Total
Village of					
Town/City of					
County of					

Assessor's signature \_\_\_\_\_

Date \_\_\_\_\_



NYS BOARD OF REAL PROPERTY SERVICES

RP 469 (9/00)

APPLICATION FOR PARTIAL TAX EXEMPTION FOR  
REAL PROPERTY OF MEMBERS OF THE CLERGY

(See information and filing requirements on back of form)

THIS APPLICATION MUST  
BE FILED WITH THE TOWN OF  
RAMAPO ASSESSOR ON OR BEFORE  
MARCH 7

1. Name and telephone no. of owner(s)

2. Mailing address of owner(s)

Day No. ( )

Evening No. ( )

3. Location of property

Street address

Village (if any)

City/Town

School District

Parcel identification no. (see tax bill or assessment roll)

Tax map number or section/block/lot

**Attach document providing ownership, such as deed, if not previously submitted**

4. Is applicant an actual resident and inhabitant of the State of New York? ☐ Yes ☐ No

5. Is applicant engaged in ministerial work assigned to him/her by the church or denomination of which applicant is a member, such work constituting applicant's principal occupation? ☐ Yes ☐ No

If yes, indicate name of church or denomination:

If no, indicate alternative basis for exemption:

☐ Applicant is unable to perform his/her religious duties due to impaired health.  
(attach documentation such as physician's statement)

☐ Applicant is over seventy years of age. (Attach documentation such as birth or baptismal certificate if not previously submitted)

☐ Applicant is surviving spouse of a member of the clergy who met the requirements of this statute at the time of his/her death, and applicant has not remarried.

Name of deceased spouse

Name of deceased spouse's church or denomination

6. Is the applicant occupied in secular employment? ☐ Yes ☐ No

If yes, indicate amount of time devoted to: a. secular employment:

b. religious duties:

per

per

Description of secular duties:

7. Is applicant the owner of other real property in the State of New York which is exempt from taxation pursuant to this statute? ☐ Yes ☐ No

a. If yes indicate location of property:

(City, Town, Village)

(County)

(School District)

b. Amount of exemption on other property \$

I, \_\_\_\_\_ hereby certify that the information on this application, and any accompanying papers constitute a true statement of fact.

(Signature of owner or authorized representative)

Date

## GENERAL INFORMATION AND REQUIREMENTS

### 1. AUTHORIZATION FOR EXEMPTION

Section 460 of the Real Property Tax Law authorizes an exemption from real property taxation (but not special ad valorem levies or special assessments) to the extent of fifteen hundred dollars (\$1,500) for real property owned by a member of the clergy or the unmarried surviving spouse of such member of the clergy meeting the statutory qualifications. The exemption is applied against the assessed value of the property.

### 2. APPLICATION FOR EXEMPTION

An application must be filed annually. Proof of ownership need only be included with the first filing of this application. Where proof of age is required, such proof need only be submitted once. Where applicable, proof of poor health must be submitted annually.

### 3. PLACE OF FILING APPLICATION

Application for exemption from county, city, town and school district taxes must be filed with the city or town assessor who prepares the assessment roll used in levying county, city, or town and school taxes. If the property is also located within a village which assesses, a separate application for exemption from village taxes must be submitted to the village assessor. In Nassau County, application for exemption from county, town and school district taxes must be filed with the Nassau County Board of Assessors. In Tompkins County, application for exemption from county, city, town, village and school district taxes must be filed with the Tompkins County Division of Assessment. Do not file this form with the State Board of Real Property Services.

### 4. TIME OF FILING APPLICATION

The application must be filed in the assessor's office on or before the appropriate taxable status date. In towns preparing their assessment roll in accordance with the schedule provided in the Real Property Tax Law, the taxable status is March 1. In towns in Nassau County, the taxable status date is January 2. In towns in Erie County, the taxable status date is May 1. In towns in Westchester County, the taxable status date is June 1. In cities, the taxable status date is determined by the city charter and the city assessor's office should be consulted for the specific date. Taxable status date for most villages which assess is January 1, but the village clerk should be consulted for variations.

## THE STATUTE: REAL PROPERTY TAX LAW, SECTION 460

460(1). Clergy. Real property owned by a minister of the gospel, priest or rabbi of any denomination, an actual resident and inhabitant of this state, who is engaged in the work assigned by the church or denomination of which he or she is a minister, or who is unable to perform such work due to impaired health or is over seventy years of age, and real property owned by his or her unremarried surviving spouse while an actual resident and inhabitant of this state, shall be exempt from taxation to the extent of fifteen hundred dollars.

### SPACE BELOW FOR USE OF ASSESSOR

Date application filed \_\_\_\_\_ Applicable taxable status date \_\_\_\_\_

Application: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

a. Assessed valuation of parcel before applying clergy exemption..... \$ \_\_\_\_\_

b. Clergy exemption granted..... \$ \_\_\_\_\_

Taxable valuation of parcel after applying clergy exemption.....(a. minus b.)..... \$ \_\_\_\_\_

\_\_\_\_\_  
Assessor's signature

\_\_\_\_\_  
Date